

Application Form

Small Site / Utility Installation Erosion Control Permit (<1 Acre)

Project Name: _____ **Project Type:** _____

Project Location: _____
(1/4 Section, Section, Survey Town Name)

Project Address (if applicable): _____

The following contacts are required at the time of application:

(Note: One person may serve as more than one contact type listed.)

- **Applicant:** The name that will appear on the permit. If not the property owner, must represent the owner. Must agree to all statements on back page and sign. Will receive copies of all communications relating to the plan review and permit process.
- **Planner:** The primary contact for the preparation of erosion control plans. All plan review comments will be addressed to this contact.
- **Grader/Landscaper:** Primary contact for implementing and maintaining all erosion control measures during the construction phase and responsible for final site stabilization.

Applicant, Planner and Grader/Landscaper Contacts Required to Process All Applications

Check all
that apply:

<input type="checkbox"/> Applicant	Contact Name: _____
<input type="checkbox"/> Planner	_____
<input type="checkbox"/> Grader/ Landscaper	Mailing address: _____
	Daytime phone #: _____ FAX: _____
<input type="checkbox"/> Applicant	E-mail address: _____
<input type="checkbox"/> Planner	_____
<input type="checkbox"/> Grader/ Landscaper	Contact Name: _____

<input type="checkbox"/> Applicant	Mailing address: _____
<input type="checkbox"/> Planner	_____
<input type="checkbox"/> Grader/ Landscaper	Daytime phone #: _____ FAX: _____
	E-mail address: _____

Small site / utility installation erosion control plan checklist on back of page.

All Small Site / Utility Installation Erosion Control Plans shall contain the following:

- _____ 1. A survey map or site sketch of sufficient clarity and detail to show proposed activity and erosion control provisions.
- _____ 2. Locations of existing and proposed dwellings and other structures with respect to property lines and the limits of land disturbance activities.
- _____ 3. Direction of slope before and after land disturbance, and the size of the upslope drainage area.
- _____ 4. Locations of all temporary best management practices to control erosion from the site.
- _____ 5. Indicate existing ground cover on site (i.e. grass, trees, exposed soil, etc.).
- _____ 6. Construction timeline (provide estimated dates).

Excavation start date _____

Date of Final Grading/Seeding _____

- _____ 7. Provide narrative of revegetation plan, (i.e. seeding mixture, sod, use of erosion matting, timeline for completion, etc.).
- 8. For underground utility placement, indicate length of project in feet _____

Note: Additional erosion control measures shall be implemented during construction as necessary.

I certify that all information submitted is correct and I understand that:

- **A permit issued under this application will be in my name and that I am representing ownership of the property;**
- **All contacts listed on this form are subject to ordinance enforcement;**
- **County staff are authorized to enter upon the subject site to obtain information needed to administer the ordinance;**
- **The County must respond to all permit applications within 10 working days of submittal of a completed application and all required fees and support documents as required by Chapter 11, Waukesha County Code.**
- **Erosion and sediment control measures shall be installed prior to any land disturbing activities;**
- **Erosion and sediment control practices are to be inspected at least once a week and after each rain of 1/2 inches or more and needed repairs made.**

Signature of Applicant (Owner or Owner Representative)

Date

Permit Fee: _____

Recorded by: Staff Initials

Date Stamp Here